STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM STD 262 (REV 6/93)

See Instructions and *Privacy Statement on Reverse Side

-	NT'S NAM							·		Page	e 1	of	1	Pages		
			SSAN OR EMPLOYEE NUMBER*					DEPARTMENT								
	W. Ch								DFEH :							
POSITION CB/ID NUMBER Director Exempt						DIVISION OR BUREAU							INDEX NU	MBER		
	OT NCE ADD	Exempt	Executive							<i>:</i>						
		RESS*	HEADQUARTERS ADDRESS								TELEPHO	NE NUMBER				
CITY						2218 Kausen Drive						· .	916-478-7250			
								STATE		ZIP CODE						
(1)MONT	HAVEAD	CA (3)		<u> </u>	Elk Gr	ove		CA				95758	·: .			
		(3)	(4)	(5)	MEALS		(6)			PORTATIO			(8)	(9)		
Octob	er 09	LOCATION		-	ļ	О.т., ∟/т	ļ	(A)	. .(B)	(C) CARFARE	(D)		BUSINESS	TOTAL		
(2)		WHERE EXPENSES	LODGING	BREAK-		N/C RELO	INCIDEN	COST OF	TYPE	TOLLS,	i .	CAR USE	EXPENSE	EXPENSES		
DATE	TIME	WERE INCURRED		FAST	LUNCH	OR DINNER	TALS	TRANS	USED	PARKING				FOR DAY		
10/05		Marina del Rey		 	1	BINNER	 	<u> </u>			MILES	AMOUNT	ļ			
	0000-11/00	Warna der rey			 	 				<u> </u>	36	19.80		19.80		
10/07	1 100 100	Folsom		<u> </u>	<u> </u>	ļ ·	ļ			· ·	<u> </u>					
10/07	1400-1600	T OISOITI						·	SC	·						
40/20		0 0:			·											
10/20	0600-1700	San Diego														
10/00	.,,			ļ												
10/22	0800-1700	Los Angeles			<u> </u>			2.50	В					2.50		
						4 .										
10/23		Berkeley				``										
10/24	2100													:		
									-		<u> </u>					
10/28	1200	Walnut Creek	91.14		10:00	18.00			sc	4.00				1400.44		
10/29	1230			6.00			6.00		- 50	,0,0	<u> </u>			123.14		
					·		0.00							12.00		
10/30	0800-1700	Los Angeles						2.50								
								2.00						2.50		
		· · · · · · · · · · · · · · · · · · ·							 	····						
			_											•		
																
(10)	SUBTO	TALS	91.14	6.00	10.00	18.00	6.00	F 00		4.00	00	10.00				
		DE (ACCTÉ USE ON				18.00	0.00	5.00		4.00	36	19.80		159.94		
	, , , , , , , , , , , , , , , , , , , ,	TOTAL					•									
		F TRIP, REMARKS AND	DETAILS (att	ach recei	nts/youch	ners wher	n require	\d\			(40) NO	Distal Mic	\$	159.94		
		by employee at her ov				1013 11101	require				(12) NORMAL WORK HOURS					
10/5 N	FHTA S	Seminar on lending di	ecriminatio	xpense	ooto on					ĺ		0-1700				
10/5: NFHTA Seminar on lending discrimination - keynote speaker 10/7: Caltrans Employment Law Conference presentation (13) PRIVATE VEHICLE LICENSE NBF													ENSE NBR.			
10/20: 5	SHRM	California Legislative	Conference	proce	ntation	SHDM	roimh			ı		TW241				
10/22: L	os And	eles Office to meet w	ith Denuty	Directo	or of Ho	Using	Tenno	urseo tra	vei.		(14) IVIIL		TE CLAIN	IED		
10/23: 5	State Ba	ar Labor & Employ La	w section.	resent	ations	State P	or roin	aburaad 6			A COLUMN	.55	e and an entire time			
10/28: 0	Contra (Costa Bar Assocation	- sex disci	iminati	on pres	orate b	al lelli	ibursed t	ravei	۱ ا	AGEN			GOFFICE		
10/30: L	os And	eles Office visit and r	neeting wit	h Attor	nev Ger	peralie (office	ikei		f			SEIONL	Contraction of the feedings of the feedings		
15) I HEF	REBY CE	RTIFY That the above is a	true stateme	ent of the	travel ex	nenses ir	ncurred	by me in a	oordo	200	PAID BY	REVOLVING	G FUND CH	IECK NBR.		
WITH DPA	rules in t	ne service of the State of (California. If a	a privatel	v owned i	vehicle w	as need	and if mile	anne r	atoc						
exceed in	e minimi	im rate, I certify that the co	ost of operatin	a the vel	ricle was	equal to:	or great	er than the	rate c	inimod	•			İ		
ehicle sa	nave me fety and	t the requirements as pres seat belt usage.	cribed by SA	w Sectio	ns 0750,	0751, 07	52, 0753	3 and 0754	pertai	ning to	• .		•	į		
						<u>`</u>				_						
CLAIMAN	T'S SIGN	JATURE	DATE	10	16) SIGNA	THREAL	OFFICER	A PPPOVIL	IO TIDA	1/1001 0 1/100	5344					

DATE

17.) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE (See Item 17 on reverse)

STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM STD 262 (REV 6/93)

See Instructions and *Privacy Statement on Reverse Side

												Page 1 of 1 Pages					
CLAIMANT'S NAME						SSAN OR EMPLOYEE NUMBER*					DEPARTMENT						
Phyllis W. Cheng POSITION CB/ID NUMBER												DFEH					
				DIVISIO			SION OR BUREAU						INDEX NUMBER				
Director Exempt					Execu		• • •										
RESIDENCE ADDRESS*					HEADQ	JARTERS	ADDRES	SS					TELEPHONE NUMBER				
			<u>:</u>		2218 Kausen Drive					٠.,			916-478-7250				
CITY		STATE	ZIP CODE		CITY			STATE		,		ZIP CODE					
		CA			Elk Gr	ove		CA.				95758					
(1)MONT	TH/YEAR	(3)	(4)	(5)	MEALS		(6)		RANSI	PORTATIO	N		:(8)	(9)			
Nover	nber 09	LOCATION				0.т., цт		(A)	(B)	(C) CARFARE	(D)		1				
(2)		WHERE EXPENSES	LODGING	BREAK-		N/C RELC	1	COST OF	TYPE	TOLLS,	DDIVATI	E CAR USE	BUSINESS	TOTAL			
	-	WERE INCURRED	1	FASŢ	LUNCH	ÒR	TALS	TRANS	USED	PARKING	PRIVAL	CARUSE	EXPENSE	EXPENSES FOR DAY			
DATE	TIME			<u> </u>	<u> </u>	DINNER					Miles	AMOUNT					
11/05	0800-1700	Los Angeles					·	2.50	В		:			2.50			
]				·							
11/09	0800-1700	Los Angeles						2.50	В		30	16.50		19.00			
												10.00		13.00			
11/11		Los Angeles		-		 	:						07.70				
		3		 			 	-			<u> </u>	 	87.79	87:79			
11/17	0900 4700	Los Angeles	+	<u> </u>			 						·				
1 17. (1	10000-1700	LOS Aligeles	 			1	<u> </u>				20	11.00		11.00			
44/40	4500	VA/=limit One all		ļ						· · · · · · · · · · · · · · · · · · ·							
11/19		Walnut Creek	91.14		ļ. <u></u>	18.00			sc	4.00	,			113.14			
11/20	1700			6.00	10.00		6.00							22.00			
	ļ																
11/24	0800-1700	Los Angeles						2.50	В	-				2.50			
	and the													2.00			
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				·		-								·			
			-									·					
•:																	
(10)	SUBT	TALO	04.44	0.00	40.00												
		DE (ACCTG USE ONL		6.00	10.00	18.00	6.00	7.50	engusuen oo l	4.00	50	27.50	87.79	257.93			
			J //														
		TOTAL	·			<u> </u>						· .	\$. 257.93			
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required)											(12) NORMAL WORK HOURS						
All airfa	are paid	by employee at her ow							0800-1700								
11/5: E	RTSC	Conference - FEHA 50	th Annive	rsary, s	peaker						(13) PF	3) PRIVATE VEHICLE LICENSE NBR.					
11/9: S	outhWe	estern Univ. School of I	_aw - pre	sentatio	n re FE	EHA 50	th; UC	LA Law		•	6A	TW241					
		Government reception									(14) MI	LEAGE RA	TE CLAIM	/IED			
11/11: Purchased replacement powercord for DFEH laptop .55													٠.				
11/17:	L.A. Of	ice visit; Beverly Hills E	Bar Assoc	iation p	resenta	ation				Ī	AGEN	ICY ACC	OUNTIN	JE OFFICE			
11/17 L.A. Office visit; Beverly Hills Bar Association presentation 11/19-20: Contra Costa County Bar Assoc - NCERT/FEHA 50th Anniversary, keynote speaker USE ONLY																	
11/24:	L.A. Off	ice visit and meeting w	ith Court	of Appe	eal attor	nevs				, .	PAID BY		G FUND CH	THE PERSON NAMED OF PERSONS ASSESSED.			
(15) I HE	REBY C	ERTIFY That the above is a	true statem	ent of the	travel ex	openses i	incurred	by me in a	ccorda	ance			C . C.I.D C.	LOK HER.			
with DPA	rules in	the service of the State of C	alifornia. If	a private	v owned	vehicle v	vas usec	d and if mil	eage i	rates			<i>)</i>	1			
exceed that	ne minim I bave m	um rate, I certify that the cos	t of operati	ng the ve	hicle was	equal to	or grea	ter than the	rate o	claimed,			• • •				
vehicle s	afety and	et the requirements as presc seat belt usage.	indea by SP	VIVI DECIIO	ns u/50,	UZ51, 07	′52, 075	യ and 0754 ഗ	perta	ining to							
			4		<u></u>	<u>a</u> :	/	^	/			::-					
CLAIMAN	VT'S SIG	NATURE	DATE		1β) SIGNA	TURE OF	OFFICE	r/Appravii	∖G,7R	AVEL AND	PAYME	NT [DATE L	50, 1			
			12/15/	.09 H								ľ	11/8	A LACY			

DATE

(17.)SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE (See Item 17 on reverse)